

Fill in this information to identify the case:

Debtor name Microfibres, Inc.

United States Bankruptcy Court for the: DISTRICT OF RHODE ISLAND

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1.. <u>Webster Bank N.A.</u>	<u>Checking</u>	<u>4440</u>	<u>\$154,809.04</u>
3.2.. <u>Banc Corp South</u>	<u>Checking</u>	<u>0941</u>	<u>\$14,199.45</u>
3.3.. <u>Ing - Belgium</u>	<u>Checking</u>	<u>7551</u>	<u>\$2,534.23</u>

4. Other cash equivalents (Identify all)

4.1.. Cash Surrender Value Life Insurance/Pledged to Webster Bank N.A. \$3,477,081.93

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$3,648,624.65

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
- ☒ Yes Fill in the information below.

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Name

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit

7.1.. Duke Energy \$134,205.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$134,205.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 5,934,339.91 - 593,433.91 = \$5,340,906.00
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 16,704,409.48 - 4,242,818.32 = \$12,461,591.16
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$17,802,497.16

Part 4: Investments

13. **Does the debtor own any investments?**

- ☐ No. Go to Part 5.
☒ Yes Fill in the information below.

14. **Mutual funds or publicly traded stocks not included in Part 1**
Name of fund or stock:

Valuation method used
for current value

Current value of
debtor's interest

14.1.. E*Trade Investment Account Market \$2,000.00

15. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**
Name of entity: % of ownership

15.1.. Microfibres Mexico S.A. 50 % Unknown

15.2.. Fiber Finance S.A. Holding Value 99.9 % Unknown

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Name

15.3.. Microfibres Partnership 10 % Equity Unknown

15.4.. Fashan Nanfang Printing & Dyeing 71.7 % Purchase Unknown

15.5.. Microfibres Europe Nv 100 % \$0.00

15.6.. Microfibres China Limited HK JAR Co. 100 % \$0.00

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**
Describe:

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$2,000.00

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials Substrate - Adhesive - Fiber - Dyes - Chem	<u>12/31/15</u>	<u>\$3,033,229.00</u>	<u>Purchase Price</u>	<u>\$3,033,229.00</u>
20.	Work in progress Base Cloth - Flocked	<u>12/31/15</u>	<u>\$839,568.00</u>	<u>Cost</u>	<u>\$839,568.00</u>
21.	Finished goods, including goods held for resale Non-Woven Fabric & Imported Goods	<u>12/31/15</u>	<u>\$5,598,560.00</u>	<u>Low Cost/Market</u>	<u>\$5,598,560.00</u>
22.	Other inventory or supplies Maintenance Parts	<u></u>	<u>\$216,439.00</u>	<u>Purchase Price</u>	<u>\$216,439.58</u>

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$9,687,796.58

24. **Is any of the property listed in Part 5 perishable?**

- ☐ No
☒ Yes

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Name

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☐ No

☒ Yes. Book value 839100 Valuation method Purchase Price Current Value 839099.93

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.

☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☐ No. Go to Part 8.

☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Desks - Files - Chairs - Tables - Etc.	\$0.00	Depreciation 10y	\$0.00
40.	Office fixtures Lights - Book Shelves- Built In Etc.	\$0.00	Depreciation 10y	\$0.00
41.	Office equipment, including all computer equipment and communication systems equipment and software Complete Internet & ERPSystems	\$92,389.74	Depreciation 3y	\$92,389.74
42.	Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles 42.1.. Various Office Art Work	\$0.00	Expensed	\$0.00

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$92,389.74

44. Is a depreciation schedule available for any of the property listed in Part 7?

☐ No

☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☐ No

☒ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

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- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1..	1991 Lexus Passenger Car			
	1998Lexus Passenger Car			
	Chevrolet Cargo Van	\$0.00		\$0.00
48.	Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
	Rhode Island Machinery & Equipment	\$499,425.04	Depreciation 10y	\$499,425.04
	Winston-Salem North Carolina Machinery & Equipment	\$580,394.94	Depreciation 10y	\$580,394.94
	Racking Belden Mississippi	\$0.00		\$0.00

51. **Total of Part 8.** **\$1,079,819.98**
Add lines 47 through 50. Copy the total to line 87.

52. **Is a depreciation schedule available for any of the property listed in Part 8?**
☐ No
☒ Yes
53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**
☐ No
☒ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

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55.1. Land and Buildings,
1 Mosshassuck
Street, Pawtucket, RI
and 125 Main Street,
Pawtucket, RI Own \$1,200,000.00 Estimate \$1,200,000.00

55.2. Land and Building,
Kimwell Drive,
Winston-Salem,
North Carolina Own (28%) \$1,200,000.00 Estimate \$1,200,000.00

55.3. Land and Building,
Westover Park Drive,
Tupelo, MS Own \$200,000.00 Estimate \$200,000.00

56. **Total of Part 9.** \$2,600,000.00
Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

57. **Is a depreciation schedule available for any of the property listed in Part 9?**
☐ No
☒ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**
☐ No
☒ Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. <u>Patents, copyrights, trademarks, and trade secrets</u> <u>Patents - Processes - Copyrights designs</u> <u>Trademark Microfibres</u>	<u>\$0.00</u>		<u>Unknown</u>

61. <u>Internet domain names and websites</u> <u>www.microfibres.com</u>	<u>\$0.00</u>		<u>\$0.00</u>
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62. **Licenses, franchises, and royalties**
63. **Customer lists, mailing lists, or other compilations**
64. **Other intangibles, or intellectual property**
65. **Goodwill**

66. **Total of Part 10.** \$0.00
Add lines 60 through 65. Copy the total to line 89.

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67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?

☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

<u>James R. and Hope B. McCulloch</u>	<u>305,460.51</u>	-	<u>0.00</u>	=	<u>\$305,460.51</u>
	Total face amount		doubtful or uncollectible amount		

<u>Microfibres Partnership</u>	<u>466,528.76</u>	-	<u>0.00</u>	=	<u>\$466,528.76</u>
	Total face amount		doubtful or uncollectible amount		

<u>Microfibres Mexico S.A.</u>	<u>60,500.00</u>	-	<u>0.00</u>	=	<u>\$60,500.00</u>
	Total face amount		doubtful or uncollectible amount		

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

<u>Federal & State NOL's</u>	Tax year _____	<u>\$0.00</u>
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73. Interests in insurance policies or annuities

<u>Cash Surrender Value after Loan Paydown</u>	<u>\$439,856.28</u>
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74. Causes of action against third parties (whether or not a lawsuit has been filed)

Claims against Flokser San ve Ticaret and Tukek Holding for patent infringement

Nature of claim	<u>Claims against Flokser San ve Ticaret and Tukek Holding for patent infringement</u>	<u>\$1,200,000.00</u>
Amount requested	<u>\$1,200,000.00</u>	

Claims for duty drawback - U.S. Customs	<u>\$0.00</u>
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Nature of claim	<u>Claims for duty drawback - U.S. Customs</u>
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**Claims against Solvay USA Inc. for fiber
degredation/warranty and contribution claims**

\$0.00

Nature of claim Claims against Solvay USA Inc.
for fiber degredation/warranty
and contrib. claim

Amount requested \$0.00

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$2,472,345.55

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor **Microfibres, Inc.** Case number (if known) _____
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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$3,648,624.65	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$134,205.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$17,802,497.16	
83. Investments. <i>Copy line 17, Part 4.</i>	\$2,000.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$9,687,796.58	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$92,389.74	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$1,079,819.98	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$2,600,000.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$2,472,345.55	
91. Total. Add lines 80 through 90 for each column	\$34,919,678.66	+ 91b. \$2,600,000.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$37,519,678.66

☐ Check if this is an amended filing

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\$3,111,178.1
1

**Last 4 digits of
account number for
this entity**

Fill in this information to identify the case:

Debtor name **Microfibres, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF RHODE ISLAND**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
- ☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address A + A DESIGN STUDIO V.LE DELLE RIMEMBRANZE 20125 Milan Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,450.00
3.2	Nonpriority creditor's name and mailing address ACETO CORPORATION 4 TRI HARBOR COURT PORT WASHINGTON, NY 11050 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90,452.04
3.3	Nonpriority creditor's name and mailing address ACTION INDUSTRIAL SUPPLY PO BOX 7095 STATESVILLE, NC 28677 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,636.46
3.4	Nonpriority creditor's name and mailing address AD & D WELDING & BOILER WORK 33 BLEACHERY COURT WARWICK, RI 02886 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,783.79

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3.5	Nonpriority creditor's name and mailing address ADP P O BOX 9001006 LOUISVILLE, KY 40290-1006 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,094.25
<hr/>			
3.6	Nonpriority creditor's name and mailing address ADVANCED TESTING INSTRUMENTS P O BOX 338 REIDVILLE, SC 29375 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$145.00
<hr/>			
3.7	Nonpriority creditor's name and mailing address AEP INDUSTRIES INC P.O. BOX 205637 DALLAS, TX 75320-5637 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,123.80
<hr/>			
3.8	Nonpriority creditor's name and mailing address AERIS ENVIRONMENTAL, INC. 1519 MYERS PARK DRIVE CHARLOTTE, NC 28207 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
<hr/>			
3.9	Nonpriority creditor's name and mailing address AETNA BEHAVIORAL HEALTH, LLC P.O. BOX 783791 PHILADELPHIA, PA 19178-3791 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$307.50
<hr/>			
3.10	Nonpriority creditor's name and mailing address AFFA BRE DESIGN LINKE WIENZEILE 46/1/10 VIENNA Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
<hr/>			
3.11	Nonpriority creditor's name and mailing address AGAR MACHINE & WELDING 270 YORK AVENUE PAWTUCKET, RI 02860 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,065.00

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3.12	Nonpriority creditor's name and mailing address AIR & ENERGY SYSTEMS, INC. P.O. BOX 1218 MATTHEWS, NC 28106 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$795.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.13	Nonpriority creditor's name and mailing address AIR POWER P O BOX 5406 HIGH POINT, NC 27262 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,769.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.14	Nonpriority creditor's name and mailing address AIRDYE SOLUTIONS, LLC P.O. BOX 28796 NEW YORK, NY 10087-8796 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.15	Nonpriority creditor's name and mailing address AIRGAS NATIONAL WELDERS P.O. BOX 532609 ATLANTA, GA 30353-2609 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$801.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>\$801.90</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.16	Nonpriority creditor's name and mailing address AIRGAS USA, LLC PO BOX 802576 CHICAGO, IL 60680-2576 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$644.29 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.17	Nonpriority creditor's name and mailing address ALARM NEW ENGLAND 65 INWOOD RD ROCKY HILL, CT 06067-3440 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$168.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.18	Nonpriority creditor's name and mailing address ALFA INTERNATIONAL LOGISTICS, 139 MITCHELL AVE, SUITE 201 SOUTH SAN FRANCISCO, CA 94080 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$157.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.19	Nonpriority creditor's name and mailing address ALL STATE LOCKSMITHS 1676 HARTFORD AVENUE JOHNSTON, RI 02919 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.00
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3.20	Nonpriority creditor's name and mailing address ALLIED BEARINGS & SUPPLY P O BOX 6417 STATESVILLE, NC 28687-6417 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.87
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3.21	Nonpriority creditor's name and mailing address ALLNEX USA INC. P.O. BOX 742396 ATLANTA, GA 30374-2396 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,428.17
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3.22	Nonpriority creditor's name and mailing address AMERICAN EXPRESS P O BOX 1270 NEWARK, NJ 07101-1270 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,321.29
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3.23	Nonpriority creditor's name and mailing address AMERICAN FLOCK ASSO. P.O. BOX 1090 CHERRYVILLE, NC 28021 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,280.00
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3.24	Nonpriority creditor's name and mailing address AMERICAN MONFORTS CORP P O BOX 26245 CHARLOTTE, NC 28221 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$394.29
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3.25	Nonpriority creditor's name and mailing address AMERIPRIDE LINEN AND APPAREL SERVICES BEMIDJI, MN 56619-1564 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,008.99
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Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.26	Nonpriority creditor's name and mailing address AMPRO, INC. PO BOX 578 WALLBURG, NC 27373 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,452.15
<hr/>			
3.27	Nonpriority creditor's name and mailing address ANCHOR INDUSTRIAL SALES, INC DEPT. 207 HOUSTON, TX 77210-4346 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,327.39
<hr/>			
3.28	Nonpriority creditor's name and mailing address ANDRITZ KUSTERS P. O. BOX 123236 DALLAS, TX 75312 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,073.75
<hr/>			
3.29	Nonpriority creditor's name and mailing address AON RISK SERVICES, INC. P O BOX 7247-7376 PHILADELPHIA, PA 19170-7376 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64,396.00
<hr/>			
3.30	Nonpriority creditor's name and mailing address APOLLO CHEMICAL P.O. BOX 405490 ATLANTA, GA 30384-5490 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,126.00
<hr/>			
3.31	Nonpriority creditor's name and mailing address APPLIED COPIER CONCEPTS P.O. BOX 18606 GREENSBORO, NC 27419 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,299.30
<hr/>			
3.32	Nonpriority creditor's name and mailing address AQUASOL 730 NORTH ANDERSON ROAD ROCK HILL, SC 29730 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,098.00

Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.33	Nonpriority creditor's name and mailing address ARAMARK 234 BALLARDVALE ST WILMINGTON, MA 01887 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$288.37
<hr/>			
3.34	Nonpriority creditor's name and mailing address ARBON EQUIPMENT CORP 25464 NETWORK PLACE CHICAGO, IL 60673-1254 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,735.26
<hr/>			
3.35	Nonpriority creditor's name and mailing address ARCHROMA US, INC. 32290 COLLECTION CENTER DR CHICAGO, IL 60693-0322 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,671.53
<hr/>			
3.36	Nonpriority creditor's name and mailing address ART COTTAGE 63B KING STREET LEICESTER LE1 6RP Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
<hr/>			
3.37	Nonpriority creditor's name and mailing address ASTRO AMERICAN CHEMICAL CO. PO BOX 878 FOUNTAIN INN, SC 29644 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,296.00
<hr/>			
3.38	Nonpriority creditor's name and mailing address ASTRO CHEMICALS, INC. P O BOX 2248 SPRINGFIELD, MA 01102-2248 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,355.20
<hr/>			
3.39	Nonpriority creditor's name and mailing address ATLANTIC COBRA CONCEPTS P O BOX 2185 KERNERSVILLE, NC 27285 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$525.00

Debtor	Microfibres, Inc. <small>Name</small>	Case number (if known) _____
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3.40	Nonpriority creditor's name and mailing address ATLANTIC ELEVATOR SOUTH 1900 FALL RIVER AVENUE SEEKONK, MA 02771 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$270.00
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3.41	Nonpriority creditor's name and mailing address ATLANTIC WEBWORKS AND CONSULTING, INC GREENSBORO, NC 27409 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$623.00
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3.42	Nonpriority creditor's name and mailing address ATLAS MATERIAL TESTING TECHNOLOGY LLC CHICAGO, IL 60693 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,778.08
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3.43	Nonpriority creditor's name and mailing address ATMOS ENERGY P O BOX 790311 ST LOUIS, MS 63179-0311 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$833.79
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3.44	Nonpriority creditor's name and mailing address AVERITT EXPRESS INC P. O. BOX 102159 ATLANTA, GA 30368-2159 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,236.77
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3.45	Nonpriority creditor's name and mailing address AYER SALES INC P.O. Box 6061 Brattleboro, VT 05302-6061 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$388.80
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3.46	Nonpriority creditor's name and mailing address BATTERIES PLUS 636D SOUTH STRATTFORD RD. WINSTON SALEM, NC 27103 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$189.65
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Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.47	Nonpriority creditor's name and mailing address BIG D'S INDUSTRIAL SUPPLY 175 LOBLOLLY LANE WINSTON-SALEM, NC 27107 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,528.30
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3.48	Nonpriority creditor's name and mailing address BOC INTERNATIONAL, INC 5TH FLOOR BOSTON, MA 02210 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,223.96
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3.49	Nonpriority creditor's name and mailing address BOLGER & O'HEARN 47 SLADE STREET FALL RIVER, MA 02724 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,556.15
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3.50	Nonpriority creditor's name and mailing address BOSTON SAW & KNIFE 292 RESERVOIR STREET NEEDHAM HEIGHTS, MA 02494 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,101.94
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3.51	Nonpriority creditor's name and mailing address BOWMAN TRAILER LEASING PO BOX 433 WILLIAMSPORT, MD 21795 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,519.00
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3.52	Nonpriority creditor's name and mailing address BRASK ENTERPRISES INC. P O BOX 551 ATTLEBORO, MA 02703 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,348.20
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3.53	Nonpriority creditor's name and mailing address BRENNTAG MID-SOUTH, INC. P.O. BOX 752094 CHARLOTTE, NC 28275-2094 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,923.66
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Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.54	Nonpriority creditor's name and mailing address BRIGGS AGENCIES INC. 37 HIGGINS AVENUE WINNEPEG Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,549.06
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3.55	Nonpriority creditor's name and mailing address BROOKFIELD ENGINEERING LABORATORIES, INC MIDDLEBORO, MA 02346-1031 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$757.07
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3.56	Nonpriority creditor's name and mailing address BUG FREE 437 ENDVILLE ROAD BELDEN, MS 38826 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.54
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3.57	Nonpriority creditor's name and mailing address BUSINESS & LEGAL RESOURCES P.O. BOX 41503 NASHVILLE, TN 37204-1503 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,584.16
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3.58	Nonpriority creditor's name and mailing address C.C. DICKSON CO. P.O. BOX 13501 ROCK HILL, SC 29731-3501 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$214.62
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3.59	Nonpriority creditor's name and mailing address CABCO ENGINEERING 372 Central Avenue PAWTUCKET, RI 02860 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,618.54
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3.60	Nonpriority creditor's name and mailing address CABCO NEW ENGLAND CORP 67 YORK AVENUE RANDOLPH, MA 02367 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,704.07
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Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.61	Nonpriority creditor's name and mailing address CARAUSTAR INDUSTRIAL PRODUCT P. O. BOX 935013 ATLANTA, GA 31193-5013 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,563.48
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3.62	Nonpriority creditor's name and mailing address CARLTON GROUP, INC P.O. BOX 900013 RALEIGH, NC 27675 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$398.50
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3.63	Nonpriority creditor's name and mailing address CAROLINA BRUSH COMPANY P O BOX 2469 GASTONIA, NC 28053 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$368.53
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3.64	Nonpriority creditor's name and mailing address CAROLINA CONTAINER COMPANY P O BOX 2166 HIGH POINT, NC 27261 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55,596.25
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3.65	Nonpriority creditor's name and mailing address CAROLINA FLUID COMPONENTS P.O. BOX 601687 CHARLOTTE, NC 28260-1687 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,147.77
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3.66	Nonpriority creditor's name and mailing address CAROLINA HOIST & CRANE P O BOX 13860 GREENSBORO, NC 27415 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400.00
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3.67	Nonpriority creditor's name and mailing address CARRIER CORP. P.O. BOX 93844 CHICAGO, IL 60673-3844 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,676.75
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Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.68	Nonpriority creditor's name and mailing address CATAWBA VALLEY COMMUNITY COL 2550 HWY 70, SE HICKORY, NC 28602 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$132.00
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3.69	Nonpriority creditor's name and mailing address CENTRAL PAPER PO BOX 1701 PAWTUCKET, RI 02862 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$401.00
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3.70	Nonpriority creditor's name and mailing address CENTRAL SCALE CO. P O BOX 8886 WARWICK, RI 02888 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$735.00
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3.71	Nonpriority creditor's name and mailing address CENTRAL TRANSPORT INTERNAT'L P O BOX 33299 DETROIT, MI 48232 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$157.60
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3.72	Nonpriority creditor's name and mailing address CHEM-TEX LABORATORIES P O BOX 5228 CONCORD, NC 28027 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,416.50
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3.73	Nonpriority creditor's name and mailing address CHEMARCO, INC. CHEMARCO, INC GREENVILLE, SC 29616 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$877.20
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3.74	Nonpriority creditor's name and mailing address CHEMPOINT.COM 13727 COLLECTION CENTER DR. CHICAGO, IL 60693 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,100.00
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Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.75	Nonpriority creditor's name and mailing address CITY OF HIGH POINT P O BOX 10039 HIGH POINT, NC 27261-3039 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$178.74
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3.76	Nonpriority creditor's name and mailing address CITY OF PAWTUCKET P O BOX 9709 PROVIDENCE, RI 02940-9709 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,053.08
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3.77	Nonpriority creditor's name and mailing address CITY OF WINSTON SALEM UTILITIES CHARLOTTE, NC 28258-0055 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107,772.91
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3.78	Nonpriority creditor's name and mailing address CLASSIC BUSINESS SYSTEMS, IN 2080 E. FIFTH STREET WINSTON-SALEM, NC 27101 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,202.44
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3.79	Nonpriority creditor's name and mailing address CLEMMONS PALLET & SKID WORKS P. O. BOX 162353 ATLANTA, GA 30321 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,151.01
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3.80	Nonpriority creditor's name and mailing address COLORSOURCES, INC. 181 GOLFVIEW DRIVE ADVANCE, NC 27006 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,887.50
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3.81	Nonpriority creditor's name and mailing address COMCAST CABLE P.O. BOX 105257 ATLANTA, GA 30348-5257 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.85
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Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.82	Nonpriority creditor's name and mailing address CON-WAY FREIGHT P O BOX 5160 PORTLAND, OR 97208-5610 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,734.58
<hr/>			
3.83	Nonpriority creditor's name and mailing address CONTINUANT, INC. 5050 20TH ST EAST FIFE, WA 98424 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,488.41
<hr/>			
3.84	Nonpriority creditor's name and mailing address COR365 INFORMATION SOLUTIONS 3302 OLD LEXINGTON ROAD WINSTON-SALEM, NC 27107 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,122.85
<hr/>			
3.85	Nonpriority creditor's name and mailing address CORE SUPPLY LLC P.O. BOX 5194 ASHEBORO, NC 27204 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$347.22
<hr/>			
3.86	Nonpriority creditor's name and mailing address COTE COLOR CORP P O BOX 3584 SPARTANBURG, SC 29304 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,171.46
<hr/>			
3.87	Nonpriority creditor's name and mailing address CPI LOCKBOX 405566 ATLANTA, GA 30384-5566 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,063.40
<hr/>			
3.88	Nonpriority creditor's name and mailing address CREANTES SA 6900 LUGANO SWITZERLAND Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00

Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.89	Nonpriority creditor's name and mailing address CROSS COMPANY P O BOX 601855 CHARLOTTE, NC 28260-1855 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$424.56
<hr/>			
3.90	Nonpriority creditor's name and mailing address CROSSTEC SYSTEMS 705 POPLAR TRACE DANVILLE, VA 24540 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,360.00
<hr/>			
3.91	Nonpriority creditor's name and mailing address CROWN UNIFORM & LINEN 15 TECHNOLOGY WAY NASHUA, NH 03060 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$144.31
<hr/>			
3.92	Nonpriority creditor's name and mailing address CUSTOM ADHESIVE PRODUCTS 2909 WOLFF ST RACINE, WI 53404 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$404.88
<hr/>			
3.93	Nonpriority creditor's name and mailing address DALTON'S METAL WORKS P O BOX 1683 WELCOME, NC 27374 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,863.15
<hr/>			
3.94	Nonpriority creditor's name and mailing address DE LAGE LANDEN FINANCIAL SER P. O. BOX 41602 PHILADELPHIA, PA 19101-1602 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,513.91
<hr/>			
3.95	Nonpriority creditor's name and mailing address DIMERCO EXPRESS (USA) CORP 150 PENNEY ROAD SUITE 100 FOREST PARK, GA 30297 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$247,243.17

Debtor	Microfibres, Inc. <small>Name</small>	Case number (if known) _____
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3.96	Nonpriority creditor's name and mailing address DIRECT ENERGY BUSINESS PO BOX 70220 PHILADELPHIA, PA 19176-0220 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,768.17
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3.97	Nonpriority creditor's name and mailing address DISANTO PRIEST & CO. 117 METRO CENTER BLVD WARWICK, RI 02886 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,860.00
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3.98	Nonpriority creditor's name and mailing address DIVERSIFIED TESTING LAB 336 WEST FRONT STREET BURLINGTON, NC 27215 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,420.00
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3.99	Nonpriority creditor's name and mailing address DL THURROTT INC. 39976 TREASURY CENTER CHICAGO, IL 60694-9900 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$675.60
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3.100	Nonpriority creditor's name and mailing address DLV SALES INC C/O TONY VINSON SHANNON, MS 38868 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,216.19
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3.101	Nonpriority creditor's name and mailing address DORELL FABRICS C/O ARNIE CHASEN SANTA MONICA, CA 90402 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.80
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3.102	Nonpriority creditor's name and mailing address DS-CONCEPT SPECIAL FINANCE LLC EURO TEXTILES DENMARK Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$208,204.35
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Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.103	Nonpriority creditor's name and mailing address DUKE ENERGY P.O. BOX 70515 CHARLOTTE, NC 28272-0516 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,306.21
<hr/>			
3.104	Nonpriority creditor's name and mailing address DYE-O=CHEM AMERICAN 666 PLAINSBORO ROAD PLAINSBORO, NJ 08536 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,796.00
<hr/>			
3.105	Nonpriority creditor's name and mailing address DYNAMIC QUEST, INC 4821 KOGER BLVD GREENSBORO, NC 27407 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,679.75
<hr/>			
3.106	Nonpriority creditor's name and mailing address DYSTAR P O BOX 75193 CHARLOTTE, NC 28275-0193 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$745.09
<hr/>			
3.107	Nonpriority creditor's name and mailing address E FIRE P O BOX 438 TUPELO, MS 38802 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$83.07
<hr/>			
3.108	Nonpriority creditor's name and mailing address EARTHLINK BUSINESS PO BOX 88104 CHICAGO, IL 60680-1104 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$556.05
<hr/>			
3.109	Nonpriority creditor's name and mailing address EASTERN COLOR & CHEMICAL CO. P O BOX 6161 PROVIDENCE, RI 02940 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,553.00

Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.110	Nonpriority creditor's name and mailing address EASTERN INDUSTRIAL AUTOMATIO P O BOX 540647 WALTHAM, MA 02454-0647 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,498.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>\$1,498.79</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.111	Nonpriority creditor's name and mailing address EASTERN SERVO 1691 HARRIS HENRIETTA ROAD FOREST CITY, NC 28043 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,663.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.112	Nonpriority creditor's name and mailing address ELECTRIC SERVICE AND SALES INC P O BOX 409897 ATLANTA, GA 30384-9897 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$212.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.113	Nonpriority creditor's name and mailing address ELECTRIC SUPPLY & EQPMNT P.O. BOX 601118 CHARLOTTE, NC 28260-1118 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,433.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.114	Nonpriority creditor's name and mailing address ELEVATOR SERVICE CO. PO BOX 21331 WINSTON-SALEM, NC 27120 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$255.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.115	Nonpriority creditor's name and mailing address EMERALD PERFORMANCE MATERIAL 3157 SOLUTIONS CENTER CHICAGO, IL 60677-3001 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,275.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.116	Nonpriority creditor's name and mailing address ENERGY MACHINERY INC P O BOX 363 ROCKLAND, MA 02370 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,117.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.117	Nonpriority creditor's name and mailing address ENVIRONMENTAL RESOURCE 101 CENTER POINTE DRIVE CARY, NC 27513-5706 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,144.00
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3.118	Nonpriority creditor's name and mailing address ENVIRONMENTAL SCIENCE THIELSCH ENGINEERING BOSTON, MA 02284-5327 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,052.00
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3.119	Nonpriority creditor's name and mailing address ERHARDT & LEIMER, INC. 350 TUCAPAU ROAD DUNCAN, SC 29334 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$509.40
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3.120	Nonpriority creditor's name and mailing address ESP ELECTRONIC SECURITY 275 CR 2878 BALDWIN, MS 38824 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$399.00
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3.121	Nonpriority creditor's name and mailing address ESTES EXPRESS LINES P O BOX 25612 RICHMOND, VA 23260-5612 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$253.40
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3.122	Nonpriority creditor's name and mailing address EVERBANK COMMERCIAL FINANCE, DEPT # 1608 DENVER, CO 80203 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,247.78
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3.123	Nonpriority creditor's name and mailing address EXPERT SERVICES INTL., LLC P O BOX 37047 CHARLOTTE, NC 28237 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$495.00
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Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.124	Nonpriority creditor's name and mailing address FAIRCLOTH MACHINE SHOP 179 WAUGHTOWN STREET WINSTON-SALEM, NC 27127 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,194.75
<hr/>			
3.125	Nonpriority creditor's name and mailing address FASTENAL COMPANY P O BOX 1286 WINONA, MN 55987-1286 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$167.09
<hr/>			
3.126	Nonpriority creditor's name and mailing address FEDEX P O BOX 371461 PITTSBURGH, PA 15250-7461 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,629.66
<hr/>			
3.127	Nonpriority creditor's name and mailing address FILTER EQUIPMENT CO., INC 1440 HWY 34 WALL, NJ 07753 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$314.68
<hr/>			
3.128	Nonpriority creditor's name and mailing address FILTER SALES & SERVICE 15 ADAM STREET BURLINGTON, MA 01803-4916 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,209.99
<hr/>			
3.129	Nonpriority creditor's name and mailing address FINZER ROLLER OF NORTH CAROL 6556 SOLUTION CENTER CHICAGO, IL 60677 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,585.00
<hr/>			
3.130	Nonpriority creditor's name and mailing address FIRE SYSTEMS, INC P.O. BOX 38720 CHARLOTTE, NC Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00

Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.131	Nonpriority creditor's name and mailing address FIRE-ADE, INC. 2800 GRIFFITH ROAD WINSTON-SALEM, NC 27103 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,923.25
<hr/>			
3.132	Nonpriority creditor's name and mailing address FISHEL STEEL CO., INC. 760 PALMER LANE WINSTON-SALEM, NC 27107 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,106.13
<hr/>			
3.133	Nonpriority creditor's name and mailing address FORSYTH COUNTY GENERAL FUND WINSTON-SALEM, NC 27101-4120 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$215,683.44
<hr/>			
3.134	Nonpriority creditor's name and mailing address FOSHAN NANFANG PRINTING & DYEI Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,955,372.41
<hr/>			
3.135	Nonpriority creditor's name and mailing address G & M PRODUCTS INC. 1309 FOX RUN MIDDLEBORO, MA 02346 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,229.03
<hr/>			
3.136	Nonpriority creditor's name and mailing address G T SAFETY EQUIP. INC. 485 NARRAGANSETT PARK DRIVE PAWTUCKET, RI 02861 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$924.91
<hr/>			
3.137	Nonpriority creditor's name and mailing address GASTON COUNTY DYEING MACHINE P O BOX 308 STANLEY, NC 28164 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,075.77

Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.138	Nonpriority creditor's name and mailing address GE CAPITAL C/O RICOH USA PRO P O BOX 41564 PHILADELPHIA, PA 19101-1564 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,709.18
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3.139	Nonpriority creditor's name and mailing address GLEN RAVEN TRANSPORTATION PO BOX 602308 CHARLOTTE, NC 28260-2308 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,600.00
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3.140	Nonpriority creditor's name and mailing address GOMER CONSULTING GROUP P O BOX 904 PACIFIC CITY, OR 97135 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,016.67
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3.141	Nonpriority creditor's name and mailing address GOODWAY TECHNOLOGIES CORP. DEPT 106040 HARTFORD, CT 06115-0413 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,968.19
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3.142	Nonpriority creditor's name and mailing address GRAINGER-1 DEPT 808895049 PALATINE, IL 60038-0001 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$408.15
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3.143	Nonpriority creditor's name and mailing address GRAINGER-2 DEPT. 803767011 PALATINE, IL 60038-0001 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,576.02
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3.144	Nonpriority creditor's name and mailing address GRAYBAR ELECTRICAL P O BOX 403049 ATLANTA, GA 30384 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,256.11
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Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.145	Nonpriority creditor's name and mailing address GTC TECHNOLOGIES, INC. P O BOX 985 ROCK HILL, SC 29731 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,065.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.146	Nonpriority creditor's name and mailing address GXS, INC 9711 WASHINGTON BLVD. GAITHERSBURG, MD 20878 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.147	Nonpriority creditor's name and mailing address HAAS OUTDOORS, INC P.O. BOX 757 WEST POINT, MS 39773 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,290.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.148	Nonpriority creditor's name and mailing address HANGZHOU YANGTSE RIVER DELTA T CITIBANK N.A NEW YORK Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$132.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.149	Nonpriority creditor's name and mailing address HILLCREST VISION, O.D., P.A. 2341 WINTERHAVEN LANE WINSTON-SALEM, NC 27103 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$305.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.150	Nonpriority creditor's name and mailing address HINCKLEY, ALLEN & SNYDER ATTN: WILLIAM R. GRIMM PROVIDENCE, RI 02903 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$142,006.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.151	Nonpriority creditor's name and mailing address HINTON & HILLMAN, INC. 5755 North point Parkway Alpharetta, GA 30022 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,057.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.152	Nonpriority creditor's name and mailing address HOME DEPOT CREDIT SERVICE DEPT 32-2003301235 LOUISVILLE, KY 40290-1030 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$378.56
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3.153	Nonpriority creditor's name and mailing address HOMETEAM PEST DEFENSE INC 3908-C WESTPOINT BLVD WINSTON-SALEM, NC 27103-6721 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,468.82
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3.154	Nonpriority creditor's name and mailing address HR DIRECT P.O. BOX 451179 SUNRISE, FL 33345-1179 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$236.94
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3.155	Nonpriority creditor's name and mailing address IDLEWYLDE AGENCIES (PTY) LTD 76 CLAN STEWART STREET CAPE TOWN Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$111.23
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3.156	Nonpriority creditor's name and mailing address ILD TELECOMMUNICATIONS, INC. 5000 SAWGRASS VILLAGE CIR PONTE VEDRA, FL 32082-5042 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.22
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3.157	Nonpriority creditor's name and mailing address IMAGES FABRIC DESIGNS DIV TULLOS INC. VERONA, MS 38879 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,260.60
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3.158	Nonpriority creditor's name and mailing address INDEV 5235 - 26th AVE ROCKFORD, IL 61109 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,350.00
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Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.159	Nonpriority creditor's name and mailing address INDUSTRIAL BRUSH CO. INC. 105 CLINTON ROAD FAIRFIELD, NJ 07004 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,980.00
3.160	Nonpriority creditor's name and mailing address J A KING & CO, LLC P. O. BOX 160 WHITSETT, NC 27377 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$989.06
3.161	Nonpriority creditor's name and mailing address J CRAIG HUNT, PSY D 2286 BETHESDA ROAD LEXINGTON, NC 27295 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,843.00
3.162	Nonpriority creditor's name and mailing address JAMES M. PLEASANTS CO., INC. P.O. BOX 890396 CHARLOTTE, NC 28289 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$634.00
3.163	Nonpriority creditor's name and mailing address JAMES R. MCCULLOCH 38 COOKE STREET Providence, RI 02903 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$261,643.83
3.164	Nonpriority creditor's name and mailing address JOMAR SOFTCORP INTERNAT'L 1760 BISHOP STREET CAMBRIDGE, ONTARIO Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
3.165	Nonpriority creditor's name and mailing address JOMAR SOFTCORP SERVICES 1760 BISHOP STREET CAMBRIDGE, ONTARIO Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,835.00

Debtor **Microfibres, Inc.**

Name

Case number (if known)

3.166	Nonpriority creditor's name and mailing address JORDAN OUTDOOR ENTERPRISE 1390 BOX CIRCLE COLUMBUS, GA 31907 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,471.70
3.167	Nonpriority creditor's name and mailing address KEETON SALES AGENCY 4920 FRANKLIN AVENUE WACO, TX 76710-6918 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$648.00
3.168	Nonpriority creditor's name and mailing address KEL CHEMICALS INC. P O BOX 14865 GREENVILLE, SC 29610 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,080.00
3.169	Nonpriority creditor's name and mailing address KENTEX NO. 31 HOUSHAN RD. HANGZHOU Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,065.14
3.170	Nonpriority creditor's name and mailing address KENYON FABRICATING PO BOX 518 LAWNDALE, NC 28090 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$142.32
3.171	Nonpriority creditor's name and mailing address LABOR LAW CENTER, INC. 12534 VALLEY VIEW STREET GARDEN GROVE, CA 92845-2006 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119.80
3.172	Nonpriority creditor's name and mailing address LASER RECHARGE OF NC 904 NORWALK AVENUE GREENSBORO, NC 27407 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,087.86

Debtor **Microfibres, Inc.**

Case number (if known) _____

3.173	Nonpriority creditor's name and mailing address LEROY E BELK JR TAX COLLECTOR TUPELO, MS 38802 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,420.39
3.174	Nonpriority creditor's name and mailing address LIFETIME LLC P. O. BOX 602727 CHARLOTTE, NC 28260-2727 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,704.88
3.175	Nonpriority creditor's name and mailing address LINCOLN FINE INGREDIENTS 50 INDUSTRIAL CIRCLE LINCOLN, RI 02865 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,530.00
3.176	Nonpriority creditor's name and mailing address LOCKE LORD LLP P O BOX 416395 BOSTON, MA 02241-6395 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,728.00
3.177	Nonpriority creditor's name and mailing address LPT, LLC 317 GREEN NEEDLES ROAD LEXINGTON, NC 27295 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,459.30
3.178	Nonpriority creditor's name and mailing address LUBRIZOL ADVANCED MATERIALS P O BOX 643050 PITTSBURGH, PA 15264-3050 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$603,470.10
3.179	Nonpriority creditor's name and mailing address M & M CLEANING SERVICE 458 WILLOW ROAD TUPELO, MS 38804 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.00

Debtor Microfibres, Inc.		Case number (if known)
Name		
3.180	Nonpriority creditor's name and mailing address M DOHMEN USA INC. P. O. BOX 300041 DULUTH, GA 30096-0300 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$12,208.98
3.181	Nonpriority creditor's name and mailing address MACE SECURITY PRODUCTS 4400 CARNEGIE AVE CLEVELAND, OH 44103 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$705.23
3.182	Nonpriority creditor's name and mailing address MACHINE & WELDING P.O BOX 1708 DUNN, NC 28335 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$545.05
3.183	Nonpriority creditor's name and mailing address MARLIN BUSINESS BANK PO BOX 13604 PHILADELPHIA, PA 19101-3604 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$229.84
3.184	Nonpriority creditor's name and mailing address MARLIN CHEMICAL CO. P O BOX 639 LENOIR, NC 28645 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$775.00
3.185	Nonpriority creditor's name and mailing address MARSHA MCNEELY HIERL 3721 DERBYSHIRE ROAD WINSTON-SALEM, NC 27104 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$600.00
3.186	Nonpriority creditor's name and mailing address MASTERCRAFT INCORPORATED P O BOX 97 LAGRANGE, IN 46761 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$339.54

Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.187	Nonpriority creditor's name and mailing address MASTERMANS P O BOX 411 AUBURN, MA 01501-0411 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$482.93
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3.188	Nonpriority creditor's name and mailing address MATT MARSHALL & CO. P O BOX 77357 GREENSBORO, NC 27417 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,359.05
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3.189	Nonpriority creditor's name and mailing address MCAFEE, INC 6052 PAYSPHERE CIRCLE CHICAGO, IL 60674-6052 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
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3.190	Nonpriority creditor's name and mailing address MCMaster-CARR SUPPLY CO. P O BOX 7690 CHICAGO, IL 60680-7690 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,453.13
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3.191	Nonpriority creditor's name and mailing address MCRAE ROOFING P O BOX 2148 ASHEBORO, NC 27204-2148 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,703.24
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3.192	Nonpriority creditor's name and mailing address MECHANICAL SUPPLY COMPANY P O BOX 709 MATHEWS, NC 28106 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.32
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3.193	Nonpriority creditor's name and mailing address MEE INDUSTRIES INC 16021 ADELANTE STREET IRVINDALE, CA 91702 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,085.09
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Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.194	Nonpriority creditor's name and mailing address MELATEX INCORPORATED P.O. BOX 5127 CHARLOTTE, NC 28299-5127 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,980.50
<hr/>			
3.195	Nonpriority creditor's name and mailing address METLIFE INSURANCE COMPANY REMITTANCE SERVICE CENTER PITTSBURGH, PA 15250-7499 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,290.00
<hr/>			
3.196	Nonpriority creditor's name and mailing address MICROFIBRES PARTNERSHIP 38 COOKE STREET PROVIDENCE, RI 02907 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,623,998.88
<hr/>			
3.197	Nonpriority creditor's name and mailing address MILLIKEN & COMPANY P O BOX 7247-8959 PHILADELPHIA, PA 19170 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$770,213.20
<hr/>			
3.198	Nonpriority creditor's name and mailing address MONROE STAFFING P.O. BOX 783043 PHILADELPHIA, PA 19178-3043 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,602.00
<hr/>			
3.199	Nonpriority creditor's name and mailing address MONTS PAPER & PACKAGING P. O. BOX 647 TUPELO, MS 38802 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.76
<hr/>			
3.200	Nonpriority creditor's name and mailing address MORRISSETTE PAPER COMPANY, IN P.O. BOX 890982 CHARLOTTE, NC 28289-0982 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,493.88

Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.201	Nonpriority creditor's name and mailing address MOTION INDUSTRIES INC P O BOX 404130 ATLANTA, GA 30384 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$386.69
<hr/>			
3.202	Nonpriority creditor's name and mailing address MSDSPRO LLC 1300 E 68TH AVENUE ANCHORAGE, AK 99518 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
<hr/>			
3.203	Nonpriority creditor's name and mailing address NARRAGANSETT BAY COMMISSION P O BOX 9668 PROVIDENCE, RI 02940-9668 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,793.75
<hr/>			
3.204	Nonpriority creditor's name and mailing address NATIONAL GRID PO BOX 11739 NEWARK, NJ 07101-4739 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,812.76
<hr/>			
3.205	Nonpriority creditor's name and mailing address NATIONAL LIFE INSURANCE CO. P O BOX 371894 PITTSBURGH, PA 15250-7894 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,742.40
<hr/>			
3.206	Nonpriority creditor's name and mailing address NATIONAL TEXTILE ASSOC P.O. BOX 1090 CHERRYVILLE, NC 28021 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,420.00
<hr/>			
3.207	Nonpriority creditor's name and mailing address NEWARK P O BOX 94151 PALATINE, IL 60094-4151 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$186.63

Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.208	Nonpriority creditor's name and mailing address NEXTHERMAL 1045 HARTS LAKE RD BATTLE CREEK, MI 49037 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$313.76
<hr/>			
3.209	Nonpriority creditor's name and mailing address NMHG FINANCIAL SERVICES, INC P.O. BOX 643749 PITTSBURGH, PA 15264 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,289.34
<hr/>			
3.210	Nonpriority creditor's name and mailing address NORTH STATE COMMUNICATION P O BOX 612 HIGH POINT, NC 27261-0612 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$256.61
<hr/>			
3.211	Nonpriority creditor's name and mailing address NOVANT HEALTH PRIMECARE 1399 WESTGATE CENTER DRIVE WINSTON-SALEM, NC 27114-4609 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$109.00
<hr/>			
3.212	Nonpriority creditor's name and mailing address OLD DOMINION FREIGHT LINE P O BOX 415202 BOSTON, MA 02241-5202 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,352.19
<hr/>			
3.213	Nonpriority creditor's name and mailing address OMEGA ENGINEERING INC P.O. BOX 405369 ATLANTA, GA 30384-5369 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,311.71
<hr/>			
3.214	Nonpriority creditor's name and mailing address ONEPATH SYSTEMS OF NC, LLC 7900 TRIAD CENTER DRIVE GREENSBORO, NC 27409 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,362.50

Debtor	Microfibres, Inc. <small>Name</small>	Case number (if known) _____
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3.215	Nonpriority creditor's name and mailing address ORGANIC DYES AND PIGMENTS LL 65 VALLEY ST EAST PROVIDENCE, RI 02914 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,514.20
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3.216	Nonpriority creditor's name and mailing address OVERLAND SUPPLY P O BOX 498 PAWTUCKET, RI 02862 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$377.81
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3.217	Nonpriority creditor's name and mailing address PALL CORPORATION 770 PENNSYLVANIA DRIVE EXTON, PA 19341 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$384.60
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3.218	Nonpriority creditor's name and mailing address PARK PLACE TECHNOLOGIES, LLC P O BOX 78000 - DEPT 781156 DETROIT, MI 48278-1156 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,945.12
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3.219	Nonpriority creditor's name and mailing address PAWTUCKET WATER SUPPLY P O BOX 1111 PROVIDENCE, RI 02901-1111 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,403.14
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3.220	Nonpriority creditor's name and mailing address PEAK- RYZEX, INC. 121 BROADWAY DOVER, NH 03820 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,582.54
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3.221	Nonpriority creditor's name and mailing address PENSKE TRUCK LEASING CO P O BOX 802577 CHICAGO, IL 60680-2577 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,149.51
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Debtor	Microfibres, Inc. Name	Case number (if known) _____
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3.222	Nonpriority creditor's name and mailing address PIEDMONT NATURAL GAS P.O. BOX 660920 DALLAS, TX 75266-0920 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,161.46
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3.223	Nonpriority creditor's name and mailing address PIERCE FIRE PROTECTION SERVI 24 GRECO LANE WARWICK, RI 02886 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$290.00
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3.224	Nonpriority creditor's name and mailing address PITNEY BOWES GLOBAL FINANCIA P O BOX 371887 PITTSBURGH, PA 15250-7887 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.00
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3.225	Nonpriority creditor's name and mailing address PITNEY BOWES PURCHASE POWER PITTSBURGH, PA 15250-7874 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168.52
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3.226	Nonpriority creditor's name and mailing address POBCO INC. 99 HOPE AVENUE WORCHESTER, MA 01603 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,888.49
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3.227	Nonpriority creditor's name and mailing address POLYTRONICS ENGINEERING 30 WEST BEAVER CREEK RICHMOND HILL Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,065.25
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3.228	Nonpriority creditor's name and mailing address PRINCIPAL FINANCIAL GROUP P O BOX 9394 DES MOINES, IA 50306-9394 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.83
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Debtor	Microfibres, Inc. Name	Case number (if known)
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3.229	Nonpriority creditor's name and mailing address PROFESSIONAL COFFEE SERV P O BOX 240 CORINTH, MS 38835-0240 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67.24
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3.230	Nonpriority creditor's name and mailing address PROVIDENT LIFE & ACCIDENT INSURANCE COMPANY CHATTANOOGA, TN 37402 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$276.00
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3.231	Nonpriority creditor's name and mailing address PURCHASE POWER P. O. BOX 371874 PITTSBURGH, PA 15250-7874 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,258.78
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3.232	Nonpriority creditor's name and mailing address PURE NOBLE INTERNATIONAL LIM ROOM 819 SHANGHAI Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$148,845.57
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3.233	Nonpriority creditor's name and mailing address QUALITY INDUSTRIAL ELECTRONI P.O. BOX 846 OAK RIDGE, NC 27310 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,333.80
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3.234	Nonpriority creditor's name and mailing address QUARLES FUEL NETWORK PO BOX 7327 FREDERICKSBURG, VA 22404 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$545.72
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3.235	Nonpriority creditor's name and mailing address R & R PLUMBING 2416 MILLING RD. MOCKSVILLE, NC 27028 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,545.00
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Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.236	Nonpriority creditor's name and mailing address RABINOVITZ CONSULTING, INC 14712 BOTANY WAY NORTH POTOMAC, MD 20878 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,675.00
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3.237	Nonpriority creditor's name and mailing address RADWELL INTERNATIONAL, INC. PO BOX 822828 PHILADELPHIA, PA 19182-2828 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$299.72
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3.238	Nonpriority creditor's name and mailing address RANKIN INDUSTRIES PO BOX 1213 DALLAS, NC 28034 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$360.79
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3.239	Nonpriority creditor's name and mailing address REAGENTS, INC P. O. BOX 961102 FORT WORTH, TX 76161-1102 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$377.80
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3.240	Nonpriority creditor's name and mailing address REPUBLIC SERVICES #097 P O BOX 9001099 LOUISVILLE, KY 40290-1099 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$816.83
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3.241	Nonpriority creditor's name and mailing address RICARDO PEREZ DELA VEGA AV. LA PAZ NO. 2597 GUADALAJARA, JA 44130 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56.78
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3.242	Nonpriority creditor's name and mailing address RICOH USA, INC P O BOX 827577 PHILADELPHIA, PA 19182-7577 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$968.08
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Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.243	Nonpriority creditor's name and mailing address ROBERT BOVEN B.W. AGENCIES WYTHENSHAW MANCHESTER Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$124.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.244	Nonpriority creditor's name and mailing address ROTHTEC ENGRAVING P O BOX 50060 NEW BEDFORD, MA 02745-0002 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$29,098.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.245	Nonpriority creditor's name and mailing address ROYAL ADHESIVES AND SEALANTS P. O. BOX 711886 CINCINNATI, OH 45271-1886 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,055.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.246	Nonpriority creditor's name and mailing address RSM KOMMUNIKATIONS MARKETING GMBH NURNBERG Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,949.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.247	Nonpriority creditor's name and mailing address RUDOLF-VENTURE CHEMICAL 452 LAKESHORE PARKWAY ROCK HILL, SC 29730 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$21,872.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.248	Nonpriority creditor's name and mailing address SAFETY KLEEN P O BOX 382066 PITTSBURGH, PA 15250-8066 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$633.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.249	Nonpriority creditor's name and mailing address SAFETY SIGNAL CO. P O BOX 336 MILLIS, MA 02054 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,267.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.250	Nonpriority creditor's name and mailing address SAMPLETECH INC P.O. BOX 7062 HIGH POINT, NC 27264 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,356.09
<hr/>			
3.251	Nonpriority creditor's name and mailing address SAP AMERICA, INC PO BOX 7780 824024 PHILADELPHIA, PA 19182-4024 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,679.37
<hr/>			
3.252	Nonpriority creditor's name and mailing address SCAN AGAIN CORP. DEPT CH 16866 PALATINE, IL 60055-6868 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$625.00
<hr/>			
3.253	Nonpriority creditor's name and mailing address SCANTECH AMERICAS, INC 8637 GROVEMONT CIRCLE GAITHERSBURG, MD 20877 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,600.00
<hr/>			
3.254	Nonpriority creditor's name and mailing address SCHENCK PROCESS LLC PO BOX 19747 PALATINE, IL 60055-9747 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,269.29
<hr/>			
3.255	Nonpriority creditor's name and mailing address SEECO INC 920 SALEM GLEN COURT CLEMMONS, NC 27012 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,837.62
<hr/>			
3.256	Nonpriority creditor's name and mailing address SERVICE-TECH CORP 7589 FIRST PLACE OAKWOOD VILLAGE, OH 44146 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,700.00

Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.257	Nonpriority creditor's name and mailing address SHRED-IT USA 1150 PROVIDENCE HIGHWAY SHARON, MA 02067 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$321.60
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3.258	Nonpriority creditor's name and mailing address SNOW ELECTRIC CO., INC. 428 BROOKSTOWN AVENUE WINSTON-SALEM, NC 27101 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,213.67
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3.259	Nonpriority creditor's name and mailing address SOCIETY FOR HUMAN RESOURCE MANAGEMENT BALTIMORE, MD 21279-0482 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$190.00
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3.260	Nonpriority creditor's name and mailing address SOLVAY USA INC PO BOX 510838 PHIADELPHIA, PA 19175-0838 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$357,370.90
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3.261	Nonpriority creditor's name and mailing address SOURCE TRANSPORT P O BOX 10200 MATTHEWS, NC 28106 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,114.46
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3.262	Nonpriority creditor's name and mailing address SOUTHEASTERN FREIGHT LINES P O BOX 100104 COLUMBIA, SC 29202-3104 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,358.29
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3.263	Nonpriority creditor's name and mailing address SOUTHERN FASTENERS AND SUPPLY INC CHARLOTTE, NC 28289-0507 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$165.71
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Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.264	Nonpriority creditor's name and mailing address SPRINT P O BOX 219100 KANSAS CITY, MO 64121-9100 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$92.36
<hr/>			
3.265	Nonpriority creditor's name and mailing address SPRINT PRINT OF TUPELO AND S HARDEN ENTERPRISES, INC. TUPELO, MS 38804 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122.27
<hr/>			
3.266	Nonpriority creditor's name and mailing address SPS COMMERCE, INC VB BOX 3 MINNEAPOLIS, MN 55480-9202 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.10
<hr/>			
3.267	Nonpriority creditor's name and mailing address STAPLES CREDIT PLAN P O BOX 689020 DES MOINES, IA 50368-9020 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,751.14
<hr/>			
3.268	Nonpriority creditor's name and mailing address STATE ELECTRIC SUPPLY CO dba LIGON ELECTRIC SUPPLY CO CHARLOTTE, NC 28289-0889 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,769.97
<hr/>			
3.269	Nonpriority creditor's name and mailing address STATESVILLE PROCESS INSTR 111 TEMPERATURE LANE STATESVILLE, NC 28677 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$203.95
<hr/>			
3.270	Nonpriority creditor's name and mailing address SUBURBAN PROPANE PO BOX G WHIPPANY, NJ 07981-0406 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$942.35

Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.271	Nonpriority creditor's name and mailing address SUMMIT ELECTRICAL CONTRACTOR 21 POWDER HILL ROAD LINCOLN, RI 02865 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,373.61
3.272	Nonpriority creditor's name and mailing address SUNBELT PACKAGING, LLC P.O. BOX 531679 ATLANTA, GA 30353-1679 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,537.94
3.273	Nonpriority creditor's name and mailing address SUPPLY NEW ENGLAND P O BOX 838 ATTLEBORO, MA 02703 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91.59
3.274	Nonpriority creditor's name and mailing address SYMTECH INC. P O BOX 751033 CHARLOTTE, NC 28275-1033 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,635.00
3.275	Nonpriority creditor's name and mailing address SYNERGY RECYCLING 320 SOUTH GIBSON DRIVE MADISON, NC 27025 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$430.25
3.276	Nonpriority creditor's name and mailing address SYSTEMS DEVELOPMENT & SUPPOR 35 MT. VERNON STREET WEST ROXBURY, MA 02132 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,393.75
3.277	Nonpriority creditor's name and mailing address TENCARVA MACHINERY CO. P O BOX 409897 ATLANTA, GA 30384-9897 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,280.95

Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.278	Nonpriority creditor's name and mailing address TENNANT SALES AND SERVICE CO P O BOX 71414 CHICAGO, IL 60694-1414 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$733.89
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3.279	Nonpriority creditor's name and mailing address THE BUSINESS JOURNAL P. O. BOX 36919 CHARLOTTE, NC 28236-9904 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$153.00
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3.280	Nonpriority creditor's name and mailing address THE LILLY COMPANY P.O. BOX 1000 MEMPHIS, TN 38148-0184 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$359.73
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3.281	Nonpriority creditor's name and mailing address THE MASSEY COMPANY 9006-A PERIMETER WOODS DRIVE CHARLOTTE, NC 28216 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,492.00
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3.282	Nonpriority creditor's name and mailing address THIES CORPORATION P O BOX 36010 ROCK HILL, SC 29732-0500 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,689.36
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3.283	Nonpriority creditor's name and mailing address TMP OF NC, INC. 1201 OLD STAGE RD. YADKINVILLE, NC 27055 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,005.00
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3.284	Nonpriority creditor's name and mailing address TOMBIGBEE ELECTRIC POWER P O BOX 1789 TUPELO, MS 38802 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$292.22
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Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.285	Nonpriority creditor's name and mailing address TRI-BLENDS, INC PO BOX 2126 INDIAN TRAIL, NC 28079 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,761.75
<hr/>			
3.286	Nonpriority creditor's name and mailing address TRI-POWER P O BOX 444 MOCKSVILLE, NC 27028 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$526.41
<hr/>			
3.287	Nonpriority creditor's name and mailing address TUPELO WATER & LIGHT P O BOX 588 TUPELO, MS 38802-0588 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.73
<hr/>			
3.288	Nonpriority creditor's name and mailing address TW TELECOM P O BOX 910182 DENVER, CO 80291-0182 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,158.95
<hr/>			
3.289	Nonpriority creditor's name and mailing address TWIN CITY SPRINKLER CO., INC PO BOX 12457 WINSTON-SALEM, NC 27117 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,494.87
<hr/>			
3.290	Nonpriority creditor's name and mailing address TYCO INTEGRATED SECURITY LLC P O BOX 371967 PITTSBURGH, PA 15250-7967 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,660.76
<hr/>			
3.291	Nonpriority creditor's name and mailing address U-LINE 2200 S. LAKESIDE DRIVE WAUKEGAN, IL 60085 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$615.51

Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.292	Nonpriority creditor's name and mailing address UNITED AIR FILTER CO. P O BOX 34215 CHARLOTTE, NC 28234-4215 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,837.29
<hr/>			
3.293	Nonpriority creditor's name and mailing address UNIVERSAL PROTECTION SERVICE 26375 NETWORK PLACE CHICAGO, IL 60673-1263 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,645.31
<hr/>			
3.294	Nonpriority creditor's name and mailing address UPS P O BOX 7247-0244 PHILADELPHIA, PA 19170-0001 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,062.54
<hr/>			
3.295	Nonpriority creditor's name and mailing address VERIZON WIRELESS P.O. BOX 660108 DALLAS, TX 75266-0108 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,027.10
<hr/>			
3.296	Nonpriority creditor's name and mailing address VERLAG MATTHIAS RITTHAMMER GMB P O BOX 24249 WINSTON-SALEM, NC 27114 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,289.83
<hr/>			
3.297	Nonpriority creditor's name and mailing address VWR INTERNATIONAL INC P O BOX 640169 PITTSBURGH, PA 15264-0169 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$217.97
<hr/>			
3.298	Nonpriority creditor's name and mailing address WASTE MANAGEMENT OF N MS P O BOX 9001054 LOUISVILLE, KY 40290-1054 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$614.07

Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.299	Nonpriority creditor's name and mailing address WASTE MANAGEMENT OF RI P O BOX 13648 Philadelphia, PA 19101-3648 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$97.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.300	Nonpriority creditor's name and mailing address WASTE MANAGEMENT WS P O BOX 105453 ATLANTA, GA 30348 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$2,986.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.301	Nonpriority creditor's name and mailing address WAT-R-BOY PURIFICATION P O BOX 603 KERNERSVILLE, NC 27285-603 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$371.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.302	Nonpriority creditor's name and mailing address WEKO NORTH AMERICA P.O. BOX 170037 SPARTANBURG, SC 29301 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$3,048.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.303	Nonpriority creditor's name and mailing address WELLS FARGO EQUIPMENT NW-8178 MINNEAPOLIS, MN 55485-8178 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$4,155.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.304	Nonpriority creditor's name and mailing address WENDAO TEXTILE CO., LTD NO. 62 JUXIAN ROAD ZHEJIANG Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$14,994.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.305	Nonpriority creditor's name and mailing address WESCO-CCS P.O. BOX 642728 PITTSBURGH, PA 15264-2728 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$304.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Microfibres, Inc. Name _____	Case number (if known) _____
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3.306	Nonpriority creditor's name and mailing address WESTCO SALES, INC P.O. BOX 25484 CHARLOTTE, NC 28229 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$937.12
<hr/>			
3.307	Nonpriority creditor's name and mailing address WHELAN & SIKET, LLP 30 KENNEDY PLAZA, SUITE 402 PROVIDENCE, RI 02903 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$259.00
<hr/>			
3.308	Nonpriority creditor's name and mailing address WINSTON-SALEM CHAMBER OF COMMERCE WINSTON-SALEM, NC 27101 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$585.00
<hr/>			
3.309	Nonpriority creditor's name and mailing address WOLSELEY INDUSTRIES #1430 P. O. BOX 536479 ATLANTA, GA 30353-6479 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$865.54
<hr/>			
3.310	Nonpriority creditor's name and mailing address WOMBLE CARLYLE SANDRIDGE PO BOX 601879 CHARLOTTE, NC 28260-1879 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,310.45
<hr/>			
3.311	Nonpriority creditor's name and mailing address WORLDWIDE LOGISTICS LTD. 405 PARK AVENUE NEW YORK, NY 10022 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,030.00
<hr/>			
3.312	Nonpriority creditor's name and mailing address ZEP MANUFACTURING CO. P.O. BOX 404628 ATLANTA, GA 30384-4628 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$822.94

Debtor **Microfibres, Inc.** Case number (if known) _____

Name

3.313 Nonpriority creditor's name and mailing address **Zhongwang Holding Group Co., SHULHONG TEMPLE VILLAGE HANGZHOU** As of the petition filing date, the claim is: Check all that apply. **\$397,728.95**

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred _____ Basis for the claim: _____
 Last 4 digits of account number _____ Is the claim subject to offset? ☒ No ☐ Yes

3.314 Nonpriority creditor's name and mailing address **ZSCHIMMER & SCHWARZ INC P O BOX 1105 MILLEDGEVILLE, GA 31059-1105** As of the petition filing date, the claim is: Check all that apply. **\$5,413.50**

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred _____ Basis for the claim: _____
 Last 4 digits of account number _____ Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 12,657,109.46
5c.	\$ 12,657,109.46

Fill in this information to identify the case:

Debtor name **Microfibres, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF RHODE ISLAND**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

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Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest
**Lease for parking spaces adjacent to building 1125 Main Street
Month-to-month:
\$900.00 monthly**

**Lease for parking spaces in front of 1125 Main Street
Month-to-month
\$350.00 monthly**

State the term remaining

List the contract number of any government contract _____

**BLACKSTONE VALLEY COMMUNITY HE
39 EAST AVENUE
Pawtucket, RI 02860**

2.2. State what the contract or lease is for and the nature of the debtor's interest
Trailer Leasing - Storage

State the term remaining **Unknown**

List the contract number of any government contract _____

**BOWMAN TRAILER LEASING
201 S. REGIONAL ROAD
GREENSBORO, NC**

2.3. State what the contract or lease is for and the nature of the debtor's interest
Contingent Liability Agreement with Microfibres Logistics (non-related) distributor dated December 4, 2014

State the term remaining

List the contract number of any government contract _____

Contingent Liability Agreement

Debtor 1 **Microfibres, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.4. State what the contract or lease is for and the nature of the debtor's interest **Lease for building space in 1125 Main Street - part of Microfibres Inc. in Rhode Island Period from November 1, 2015 Month-to-month \$3581.25**

State the term remaining

List the contract number of any government contract

**Cooley Group
50 Esten Avenue
Pawtucket, RI 02860**

- 2.5. State what the contract or lease is for and the nature of the debtor's interest **Fork Lift Leases**

State the term remaining

Unknown

List the contract number of any government contract

**DE LAGE LANDEN FINANCIAL SER
P. O. BOX 41602
PHILADELPHIA, PA 19101-1602**

- 2.6. State what the contract or lease is for and the nature of the debtor's interest **Fork Lift Leases**

State the term remaining

Unknown

List the contract number of any government contract

**DE LAGE LANDEN FINANCIAL SER
P. O. BOX 41603
PHILADELPHIA, PA 19101-1602**

- 2.7. State what the contract or lease is for and the nature of the debtor's interest **Fork Lift Leases**

State the term remaining

Unknown

List the contract number of any government contract

**DE LAGE LANDEN FINANCIAL SER
P. O. BOX 41604
PHILADELPHIA, PA 19101-1602**

- 2.8. State what the contract or lease is for and the nature of the debtor's interest **Fork Lift Leases**

State the term remaining

Unknown

List the contract number of any government contract

**DE LAGE LANDEN FINANCIAL SER
P. O. BOX 41605
PHILADELPHIA, PA 19101-1602**

Debtor 1 **Microfibras, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.9. State what the contract or lease is for and the nature of the debtor's interest **Fork Lift Leases**

State the term remaining **Unknown**

List the contract number of any government contract _____

**DE LAGE LANDEN FINANCIAL SER
P. O. BOX 41606
PHILADELPHIA, PA 19101-1602**

2.1 State what the contract or lease is for and the nature of the debtor's interest **Fork Lift Leases**

State the term remaining **Unknown**

List the contract number of any government contract _____

**DE LAGE LANDEN FINANCIAL SER
P. O. BOX 41607
PHILADELPHIA, PA 19101-1602**

2.1 State what the contract or lease is for and the nature of the debtor's interest **Fork Lift Leases**

State the term remaining **Unknown**

List the contract number of any government contract _____

**DE LAGE LANDEN FINANCIAL SER
P. O. BOX 41608
PHILADELPHIA, PA 19101-1602**

2.1 State what the contract or lease is for and the nature of the debtor's interest **Fork Lift Leases**

State the term remaining **Unknown**

List the contract number of any government contract _____

**DE LAGE LANDEN FINANCIAL SER
P. O. BOX 41609
PHILADELPHIA, PA 19101-1602**

2.1 State what the contract or lease is for and the nature of the debtor's interest **Commission Agreement**

State the term remaining

List the contract number of any government contract _____

**DLV SALES INC
C/O TONY VINSON
SHANNON, MS 38868**

2.1 State what the contract or lease is for and the nature of the debtor's interest **Commission Agreement**

State the term remaining

List the contract number of _____

**FRANK W. DAMIANO
THREE OAKLAND DRIVE
PORT WASHINGTON, NY 11050-4125**

Debtor 1 **Microfibras, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

any government contract

- 2.1 State what the contract or
5. lease is for and the nature
of the debtor's interest

**Commission
Agreement**

State the term remaining

List the contract number of
any government contract

**INTERIOR-DESIGN
FABRIKSTRASSE 18
TECK**

- 2.1 State what the contract or
6. lease is for and the nature
of the debtor's interest

Software Maintenance

State the term remaining

UnknownList the contract number of
any government contract

**JOMAR SOFTCORP
1760 BISHOP STREET
CAMBRIDGE, ONTARIO**

- 2.1 State what the contract or
7. lease is for and the nature
of the debtor's interest

**Sales Representative
Agreement**

State the term remaining

List the contract number of
any government contract

**KENTEX MILLS (BELLA HOME)
NO. 31 HOUSHAN RD., CHONGXIAN
TOWN, YUHANG DISTRICT, HANGZHO
ZHEJIANG, CHINA, CT**

- 2.1 State what the contract or
8. lease is for and the nature
of the debtor's interest

Rent for Apartment

State the term remaining

UnknownList the contract number of
any government contract

**MARSHA MCNEELY HIERL
3721 DERBYSHIRE ROAD
WINSTON-SALEM, NC 27104**

- 2.1 State what the contract or
9. lease is for and the nature
of the debtor's interest

**Deferred
Compensation
Agreement**

State the term remaining

List the contract number of
any government contract

**MARY ANN BEIRNE
5 WAKE ROBIN ROAD UNIT #2105
Lincoln, RI 02865**

- 2.2 State what the contract or
0. lease is for and the nature
of the debtor's interest

**Deferred
Compensation
Agreement**

**MICHAEL E. CZARNECKI
439 RIVERBEND DRIVE
Advance, NC 27006**

Debtor 1 **Microfibres, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract _____

- 2.2 1. State what the contract or lease is for and the nature of the debtor's interest **Distributor/Product Warranty Contingent Liability Agreement**

State the term remaining

List the contract number of any government contract _____

**Microfibres Logistics
Textafoam B.V.
Tijvoortsebaan 5,5051 HJ Gorle
Netherlands**

- 2.2 2. State what the contract or lease is for and the nature of the debtor's interest **Commission Agreement**

State the term remaining

List the contract number of any government contract _____

**MUZEKARI & ASSOCIATES
P.O. BOX 987
High Point, NC 27260**

- 2.2 3. State what the contract or lease is for and the nature of the debtor's interest **Fork Lift Leases**

State the term remaining **Unknown**

List the contract number of any government contract _____

**NMHG FINANCIAL SERVICES, INC
P.O. BOX 643749
PITTSBURGH, PA 15264**

- 2.2 4. State what the contract or lease is for and the nature of the debtor's interest **Tupelo Lease Truck**

State the term remaining **Unknown**

List the contract number of any government contract _____

**PENSKE TRUCK LEASING CO
P O BOX 802577
CHICAGO, IL 60680-2577**

- 2.2 5. State what the contract or lease is for and the nature of the debtor's interest **Commission Agreement**

State the term remaining

List the contract number of any government contract _____

**PETER DAWE PTY LTD
5 SEQUOIA CLOSE
SYDNEY NSW 2073**

Debtor 1 **Microfibras, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.2 State what the contract or lease is for and the nature of the debtor's interest **Postage Machine**

State the term remaining **Unkwnon**

List the contract number of any government contract

PITNEY BOWES
2225 American Drive
NEENAH, WI

2.2 State what the contract or lease is for and the nature of the debtor's interest **Commission Agreement**

State the term remaining

List the contract number of any government contract

RICARDO PEREZ DELA VEGA
AV. LA PAZ NO. 2597
GUADALAJARA, JA 44130

2.2 State what the contract or lease is for and the nature of the debtor's interest **Commission Agreement**

State the term remaining

List the contract number of any government contract

RICHARD D. BARRETT, INC.
1667 LAS LUNAS STREET
PASADENA, CA 91106

2.2 State what the contract or lease is for and the nature of the debtor's interest **Commission Agreement**

State the term remaining

List the contract number of any government contract

ROBERT BOVEN
B.W. AGENCIES
WYTHENSHAW, MANCHESTER

2.3 State what the contract or lease is for and the nature of the debtor's interest **Fork Lifts**

State the term remaining **Unknown**

List the contract number of any government contract

TOYOTA COMMERCIAL FINANCE
DEPT. 2431
CAROL STREAM, IL

2.3 State what the contract or lease is for and the nature of the debtor's interest **Fork Lifts**

State the term remaining **Unknown**

List the contract number of

TOYOTA COMMERCIAL FINANCE
DEPT. 2433
CAROL STREAM, IL

Debtor 1 **Microfibras, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

any government contract

2.3 State what the contract or **Fork Lifts**
2. lease is for and the nature of the debtor's interest

State the term remaining **Unknown**

List the contract number of any government contract

**TOYOTA COMMERCIAL FINANCE
DEPT. 2434
CAROL STREAM, IL**

2.3 State what the contract or **Fork Lifts**
3. lease is for and the nature of the debtor's interest

State the term remaining **Unknown**

List the contract number of any government contract

**TOYOTA COMMERCIAL FINANCE
DEPT. 2435
CAROL STREAM, IL**

2.3 State what the contract or **Fork Lifts**
4. lease is for and the nature of the debtor's interest

State the term remaining **Unknown**

List the contract number of any government contract

**TOYOTA COMMERCIAL FINANCE
DEPT. 2436
CAROL STREAM, IL**

2.3 State what the contract or **Fork Lifts**
5. lease is for and the nature of the debtor's interest

State the term remaining **Unknown**

List the contract number of any government contract

**TOYOTA COMMERCIAL FINANCE
DEPT. 2437
CAROL STREAM, IL**

2.3 State what the contract or **Fork Lifts**
6. lease is for and the nature of the debtor's interest

State the term remaining **Unknown**

List the contract number of any government contract

**TOYOTA COMMERCIAL FINANCE
DEPT. 2438
CAROL STREAM, IL**

2.3 State what the contract or **Fork Lifts**
7. lease is for and the nature of the debtor's interest

**TOYOTA COMMERCIAL FINANCE
DEPT. 2439
CAROL STREAM, IL**

Debtor 1 **Microfibras, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **Unknown**

List the contract number of any government contract _____

2.3 State what the contract or lease is for and the nature of the debtor's interest **Security System in WS Plant**

State the term remaining **Unknown**

List the contract number of any government contract _____

**TYCO INTEGRATED SECURITY LLC
P O BOX 371967
PITTSBURGH, PA 15250-7967**

2.3 State what the contract or lease is for and the nature of the debtor's interest **Security in Winston Plant**

State the term remaining **Unknown**

List the contract number of any government contract _____

**UNIVERSAL PROTECTION SERVICE
26375 NETWORK PLACE
CHICAGO, IL 60673-1263**

2.4 State what the contract or lease is for and the nature of the debtor's interest **Commission Agreement**

State the term remaining

List the contract number of any government contract _____

**W.F.M. VAN DER AA.
DELTALAAN 25**

2.4 State what the contract or lease is for and the nature of the debtor's interest **Commission Agreement**

State the term remaining

List the contract number of any government contract _____

**WAH, INC.
C/O ED JACOBS
Taylorsville, NC 28681**

2.4 State what the contract or lease is for and the nature of the debtor's interest **Commission Agreement**

State the term remaining

List the contract number of any government contract _____

**WO TEX, INC.
Sugar Grove, IL 60554**

Fill in this information to identify the case:

Debtor name Microfibres, Inc.

United States Bankruptcy Court for the: DISTRICT OF RHODE ISLAND

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

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Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G